

**COMPLAINT OF DISCRIMINATION UNDER
THE PROVISIONS OF THE CALIFORNIA
FAIR EMPLOYMENT AND HOUSING ACT**

DFEH # _____
DFEH USE ONLY

CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

YOUR NAME (indicate Mr. or Ms.) _____ TELEPHONE NUMBER (INCLUDE AREA CODE) _____

ADDRESS _____

CITY/STATE/ZIP _____ COUNTY _____ COUNTY CODE _____

**NAMED IS THE EMPLOYER, PERSON, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, OR STATE OR LOCAL GOVERNMENT
AGENCY WHO DISCRIMINATED AGAINST ME:**
NAME _____ TELEPHONE NUMBER (Include Area Code) _____

ADDRESS _____ DFEH USE ONLY _____

CITY/STATE/ZIP _____ COUNTY _____ COUNTY CODE _____

NO. OF EMPLOYEES/MEMBERS (if known) _____ DATE MOST RECENT OR CONTINUING DISCRIMINATION
TOOK PLACE (month, day, and year) _____ RESPONDENT CODE _____

THE PARTICULARS ARE:

I allege that on _____, the following conduct occurred:

<input type="checkbox"/> termination	<input type="checkbox"/> denial of employment	<input type="checkbox"/> denial of family or medical leave
<input type="checkbox"/> lay-off	<input type="checkbox"/> denial of promotion	<input type="checkbox"/> denial of pregnancy leave
<input type="checkbox"/> demotion	<input type="checkbox"/> denial of transfer	<input type="checkbox"/> denial of equal pay
<input type="checkbox"/> harassment	<input type="checkbox"/> denial of accommodation	<input type="checkbox"/> denial of right to wear pants
<input type="checkbox"/> genetic characteristics testing	<input type="checkbox"/> failure to prevent discrimination or retaliation	<input type="checkbox"/> denial of pregnancy accommodation
<input type="checkbox"/> constructive discharge (forced to quit)	<input type="checkbox"/> retaliation	
<input type="checkbox"/> impermissible non-job-related inquiry	<input type="checkbox"/> other (specify) _____	

by _____
Name of Person _____ Job Title (supervisor/manager/personnel director/etc.) _____

because of:

<input type="checkbox"/> sex	<input type="checkbox"/> national origin/ancestry	<input type="checkbox"/> disability (physical or mental)	<input type="checkbox"/> retaliation for engaging in protected
<input type="checkbox"/> age	<input type="checkbox"/> marital status	<input type="checkbox"/> medical condition (cancer	<input type="checkbox"/> activity or requesting a protected
<input type="checkbox"/> religion	<input type="checkbox"/> sexual orientation	<input type="checkbox"/> or genetic characteristic)	<input type="checkbox"/> leave or accommodation
<input type="checkbox"/> race/color	<input type="checkbox"/> association	<input type="checkbox"/> other (specify) _____	

State what you believe to be the reason(s) for discrimination

I wish to pursue this matter in court. I hereby request that the Department of Fair Employment and Housing provide a right-to-sue notice. I understand that if I want a federal notice of right-to-sue, I must visit the U.S. Equal Employment Opportunity Commission (EEOC) to file a complaint within 30 days of receipt of the DFEH "Notice of Case Closure," or within 300 days of the alleged discriminatory act, whichever is earlier.

I have not been coerced into making this request, nor do I make it based on fear of retaliation if I do not do so. I understand it is the Department of Fair Employment and Housing's policy to not process or reopen a complaint once the complaint has been closed on the basis of "Complainant Elected Court Action."

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge except as to matters stated on my information and belief, and as to those matters I believe it to be true.

Dated _____
COMPLAINANT'S SIGNATURE _____

At _____
City _____

DATE FILED:

RIGHT-TO-SUE COMPLAINT INFORMATION SHEET

DFEH needs a separate signed complaint for each employer, person, labor organization, employment agency, apprenticeship committee, state or local government agency you wish to file against. If you are filing against both a company and an individual(s), please complete separate complaint forms naming the company or an individual in the appropriate area.

Please complete the following so that DFEH can process your complaint and for DFEH for statistical purposes, and return with your signed complaint(s):

YOUR RACE/ETHNICITY (Check one)

- ☐ African-American
- ☐ African - Other
- ☐ Asian/Pacific Islander (specify) _____
- ☐ Caucasian (Non-Hispanic)
- ☐ Native American
- ☐ Hispanic(specify) _____

YOUR PRIMARY LANGUAGE (specify)

YOUR AGE: ___ ___

IF FILING BECAUSE OF YOUR NATIONAL ORIGIN/ANCESTRY,

YOUR NATIONAL ORIGIN/ANCESTRY (specify)

IF FILING BECAUSE OF DISABILITY,

YOUR DISABILITY:

- ☐ AIDS
- ☐ Blood/Circulation
- ☐ Brain/Nerves/Muscles
- ☐ Digestive/Urinary/Reproduction
- ☐ Hearing
- ☐ Heart
- ☐ Limbs (Arms/Legs)
- ☐ Mental
- ☐ Sight
- ☐ Speech/Respiratory
- ☐ Spinal/Back

IF FILING BECAUSE OF MARITAL STATUS,

YOUR MARITAL STATUS: (Check one)

- ☐ Cohabitation
- ☐ Divorced
- ☐ Married
- ☐ Single

IF FILING BECAUSE OF RELIGION,

YOUR RELIGION: (specify)

IF FILING BECAUSE OF SEX, THE REASON:

- ☐ Harassment
- ☐ Orientation
- ☐ Pregnancy
- ☐ Denied Right to Wear Pants
- ☐ Other Allegations (List) _____

YOUR GENDER: ___ Female ___ Male

YOUR OCCUPATION:

- ☐ Clerical
- ☐ Craft
- ☐ Equipment Operator
- ☐ Laborer
- ☐ Manager
- ☐ Paraprofessional
- ☐ Professional
- ☐ Sales
- ☐ Service
- ☐ Supervisor
- ☐ Technician

HOW YOU HEARD ABOUT DFEH:

- ☐ Attorney
- ☐ Bus/BART Advertisement
- ☐ Community Organization
- ☐ EEOC
- ☐ EDD
- ☐ Friend
- ☐ Human Relations Commission
- ☐ Labor Standards Enforcement
- ☐ Local Government Agency
- ☐ Poster
- ☐ Prior Contact with DFEH
- ☐ Radio
- ☐ Telephone Book
- ☐ TV
- ☐ DFEH Web Site

DO YOU HAVE AN ATTORNEY WHO HAS AGREED TO REPRESENT YOU ON YOUR EMPLOYMENT DISCRIMINATION CLAIMS IN COURT? IF YOU CHECK "YES", YOU WILL BE RESPONSIBLE FOR HAVING YOUR ATTORNEY SERVE THIS DFEH COMPLAINT.

___ Yes ___ No

PLEASE PROVIDE YOUR ATTORNEY'S NAME, ADDRESS AND PHONE NUMBER:

Your Signature

Date